2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N98000005199

Entity Name: BALLENISLES COUNTRY CLUB, INC.

Current Principal Place of Business:

100 BALLENISLES CIRCLE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

100 BALLENISLES CIRCLE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-0866504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KRIVOK, JAMES N ESQ.
DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE S STE 400
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	ANSCHER, WILLIAM D	
Address:	116 SUNESTA COVE DRIVE	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	P/D	( ) Delete
Name:	CORRADO, FRED	
Address:	13 LAGUNA COURT	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	S/D	( ) Delete
Name:	ISENSTEIN, JOSEPH F	
Address:	102 VICTORIA BAY COURT	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	T/D	( ) Delete
Name:	FRIDMAN, JOSEF	
Address:	230 CORAL CAY TERRACE	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	V/D	( ) Delete
Name:	GOLDFARB, MAUREEN	
Address:	18 ST THOMAS DRIVE	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D	( ) Delete
Name:	KAPLAN, ROBERT	
Address:	102 WINDWARD DRIVE	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED CORRADO PRES 05/01/2009
Electronic Signature of Signing Officer or Director — Date